



EXPRESS MAIL NO. EV719378898US

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number 851663.425USPC
Application Number 09/830,435		Filed June 11, 2001
For MODEM ARCHITECTURE AND METHOD OF DATA TRANSFER		
Art Unit 2182		Examiner Tammara R. Peyton

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<u>\$120</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$_____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number 19-1090. I have enclosed a duplicate copy of this sheet.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration No. 33,514

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

Signature

Robert Iannucci

Typed or printed name

January 9, 2006

Date

206-622-4900

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

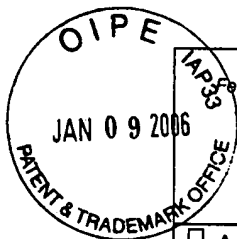
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2005

**Complete if Known**

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$120)

Application Number	09/830,435
Filing Date	June 11, 2001
First Named Inventor	Pratima Pai
Examiner Name	Tammara R. Peyton
Art Unit	2182
Attorney Docket No.	851663.425USPC

**METHOD OF PAYMENT (check all that apply)**

☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Charge any underpayments or credit any overpayments

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50 25

200 100

Multiple dependent claims

360 180

**Total Claims****Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims**

19

-20 or HP =

0

X

\_\_\_\_\_

=

\_\_\_\_\_

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

4

-3 or HP =

0

X

\_\_\_\_\_

=

\_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets****Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

-100 =

/50 =

\_\_\_\_\_ (round up to a whole number)

x

\_\_\_\_\_

\_\_\_\_\_

**4. OTHER FEE(S)****Fees Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1-Month Extension of Time

120

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	33,514	Telephone	206-622-4900
Name (Print/Type)	Robert Iannucci	Date	January 9, 2006		